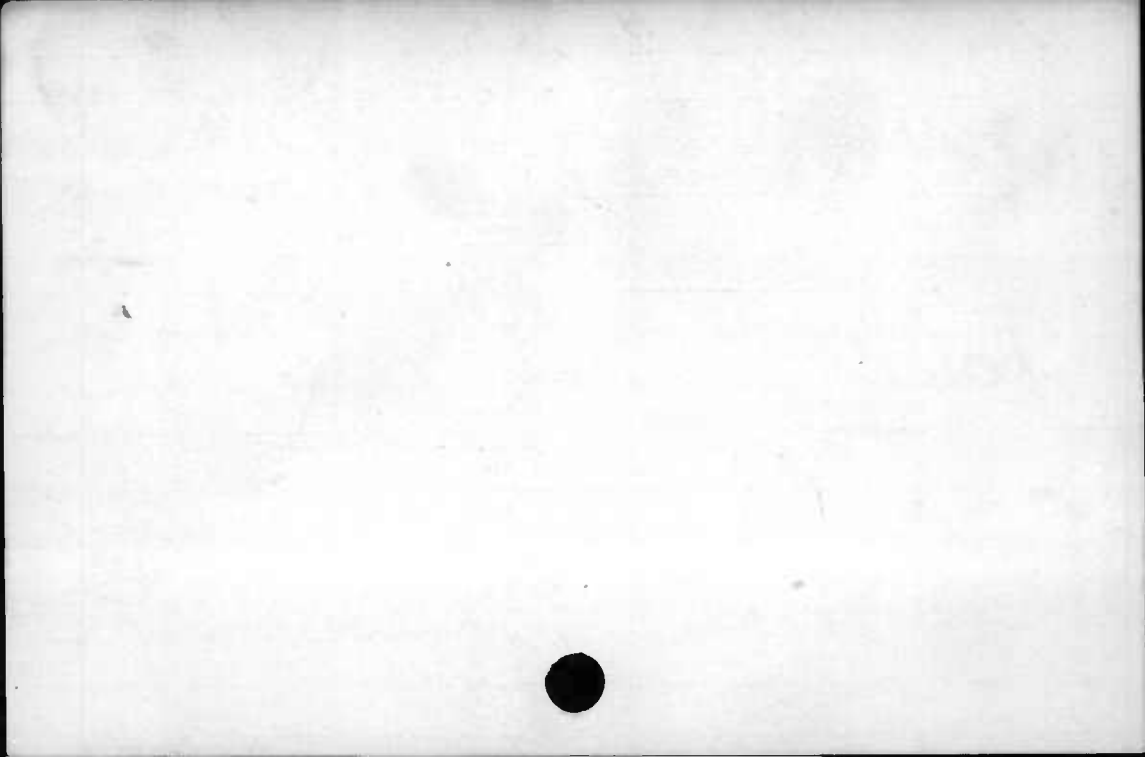


Name in Full		Mariah S Anders				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Middletown</u>		County <u>Fredrick</u>		MARYLAND		
	Date of death	1906	Month <u>April</u>	Day <u>15</u>	Years <u>64</u>	Months <u>10</u>	Days <u>9</u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Fredrick Co Md</u>			
	Occupation <u>None</u>			Where Residing if not at place of death <u>Middletown Md</u>			
	Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Charles H Anders</u>					
	Father's Name <u>Adam Halbruner</u>				Father's Birthplace <u>Fredrick Co Md</u>		
	Mother's Maiden Name <u>Eliza S Maxwell</u>				Mother's Birthplace <u>Fredrick Co Md</u>		
Name of person giving information <u>Charles S Anders</u>					How related to deceased <u>Son</u>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<u>Age</u>		How long <u>(64)</u>		
	Immediate		<u>Paralysis (Apoplectic)</u>		How long <u>8 hours</u>		
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>E. Buckley</u>		
					Address <u>Middletown</u>		
	Accident or Suicide?		<u>None</u>		<u>Dead</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Gertrude Syd.</i>		Town <i>Stamitsburg</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 April 8</i>		<i>62</i>		<i>8 7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Religious</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph Syd</i>		<i>(177)</i>				Father's Birthplace <i>Id</i>	
Mother's Maiden Name <i>Mary Ann Wernerig</i>						Mother's Birthplace <i>Id</i>	
Name of person giving information <i>A. Bonavia Orendorf</i>						How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fibroid Tumor</i>	How long <i>20 years</i>
Immediate <i>Ansarca (General Dropsy)</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Brauer M.D.</i>
	Address <i>Stamitsburg</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at  
Date of death 190

*James Herbert Beatty*  
Town *Middletown*

County *Fred R*  
Years *27*  
Age *27*

Months *11*

Days *7*

Sex *Male*  
Occupation *Clerk*

Color or  
Race *White*

Birth-  
place *Middletown*

Where Residing if not  
at place of death *Balto.*

Married, Single  
or Widowed *Single*

Name of Wife or  
Husband

Father's  
Name *J. E. Beatty M.D.*

Father's  
Birthplace *Fred R. Md.*

Mother's  
Maiden Name *Emily T. Sabnell*

Mother's  
Birthplace *Annapolis*

Name of person giving  
In formation *J. E. Beatty*

How related  
to deceased *Father*

CAUSES OF DEATH

Primary *Pleurisy with effusion*

How long *about 11 m's*

Immediate *Heart Failure*

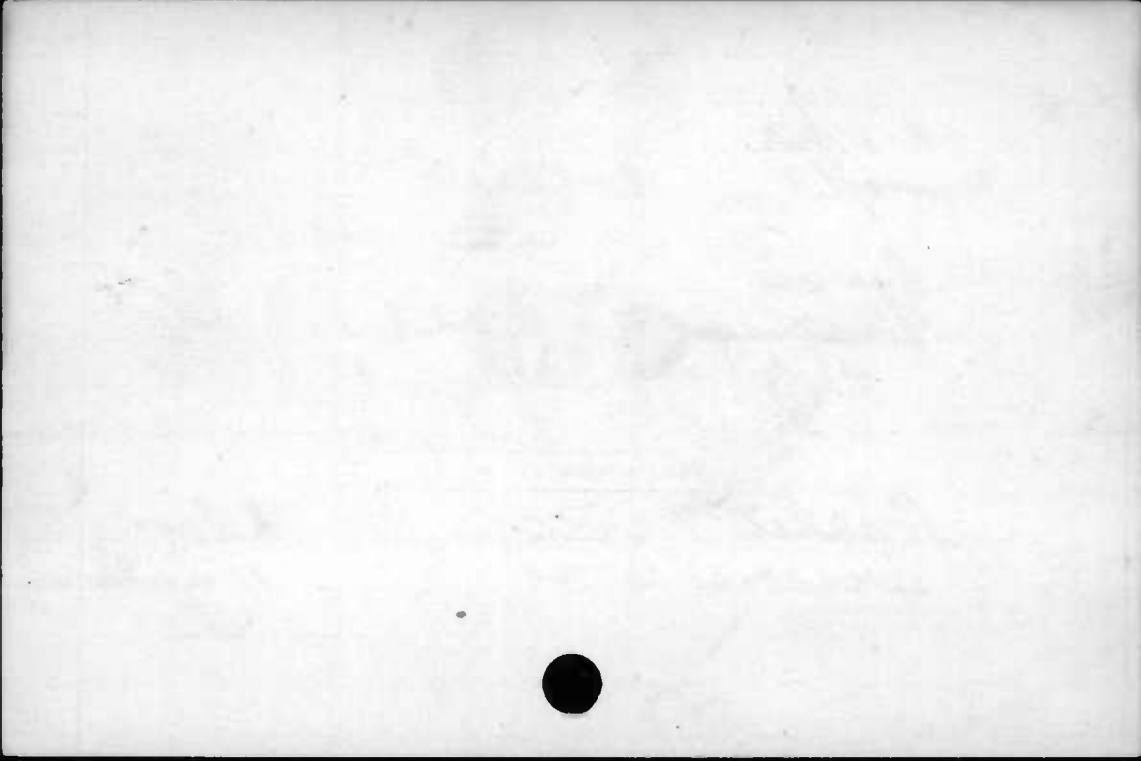
How long *about 48 hrs*

Are the name, age, sex, color, date  
and place correctly given above? *Yes*

Signature of  
Physician *Roy V. Hawver M.D.*

Address *Middletown*

Accident or Suicide?



Name  
in  
Full

Malissie

Bowie

## CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ <sup>Town</sup> ~~Stam~~ <sup>Frederick</sup> ~~Frederick~~ <sup>County</sup>Date of death 1906 <sup>Month</sup> Apr. <sup>Day</sup> 7 <sup>Age</sup> 7 <sup>Years</sup> <sup>Months</sup> 7 <sup>Days</sup> 21Sex <sup>Female</sup> Color or Race <sup>colored</sup> Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed <sup>Single</sup> Name of Wife or HusbandFather's Name <sup>Blasley Bowie</sup>Father's Birthplace <sup>MD</sup>Mother's Maiden Name <sup>Elyse Chan</sup>

Mother's Birthplace

Name of person giving information <sup>Robert</sup>

How related to deceased

## CAUSES OF DEATH

Primary <sup>Scarlet Fever</sup>How long <sup>2 days</sup>Immediate <sup>convulsions</sup>How long <sup>12 hours</sup>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

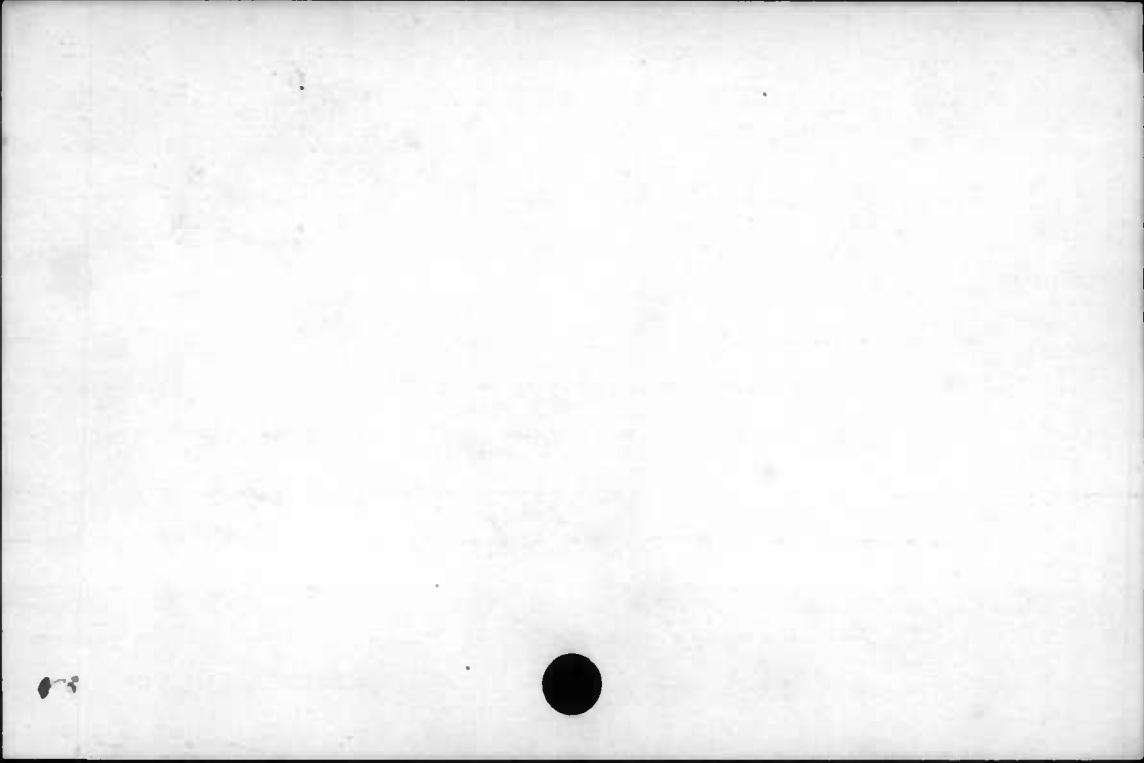
<sup>E. E. Mullins, M.D.</sup>

Address

<sup>Urban</sup><sup>MD</sup>

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Elsie Manzella Bowings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Adamstown* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death 190 *6* <sup>Month</sup> *Apr.* <sup>Day</sup> *9* Age <sup>Years</sup> *1* <sup>Months</sup> *6* <sup>Days</sup> *21*

Sex *female* Color or Race *white* Birth-place *Flint Hill*

Married, Single or Widowed *single* Occupation \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name *Benjamin Bowings* Father's Birthplace *Adamstown*

Mother's Maiden Name *Bessie Manzella Perrell* Mother's Birthplace *Park Mills*

Name of person giving information *Father* How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

60

PHYSICIAN  
OR CORONER

Primary *cerebral abscess,* How long *14 days,*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

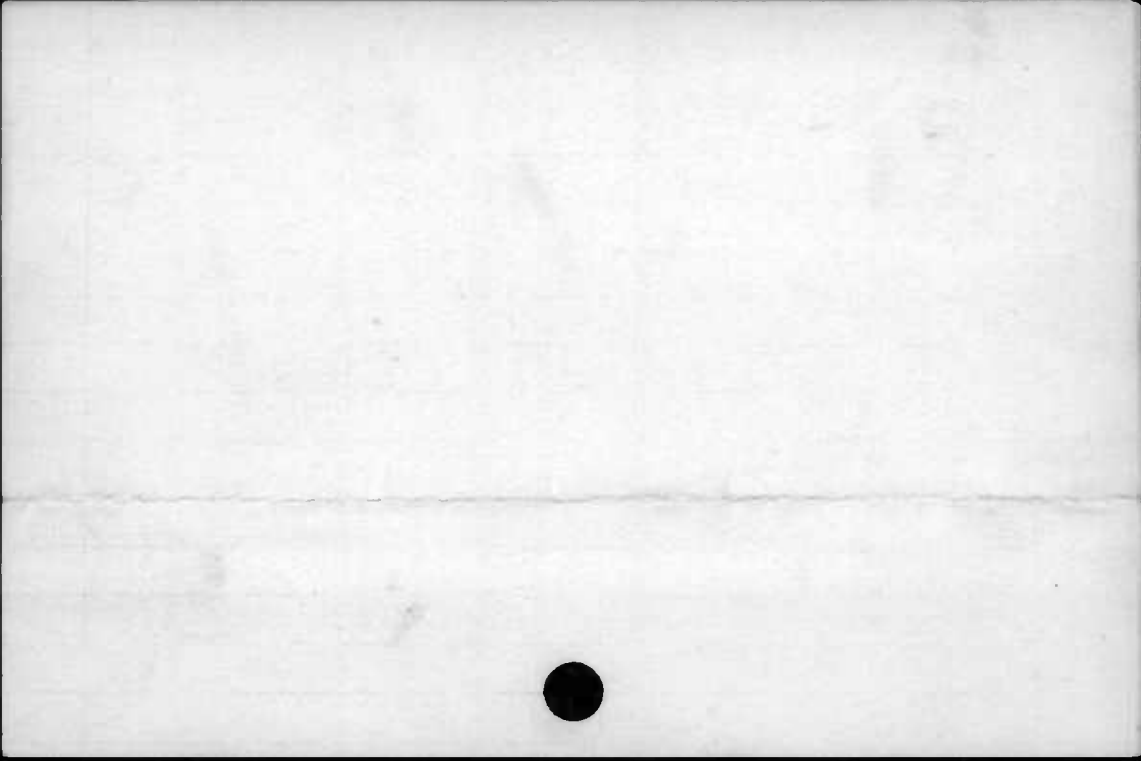
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Dr. J. S. Thomas,*  
*Adamstown,*  
*Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Montgomery		Hagerstown		Frederick	
Date of death	1906	Month	April	Day	12
Age		71		Years	
Sex	Male		Color or Race	Black	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

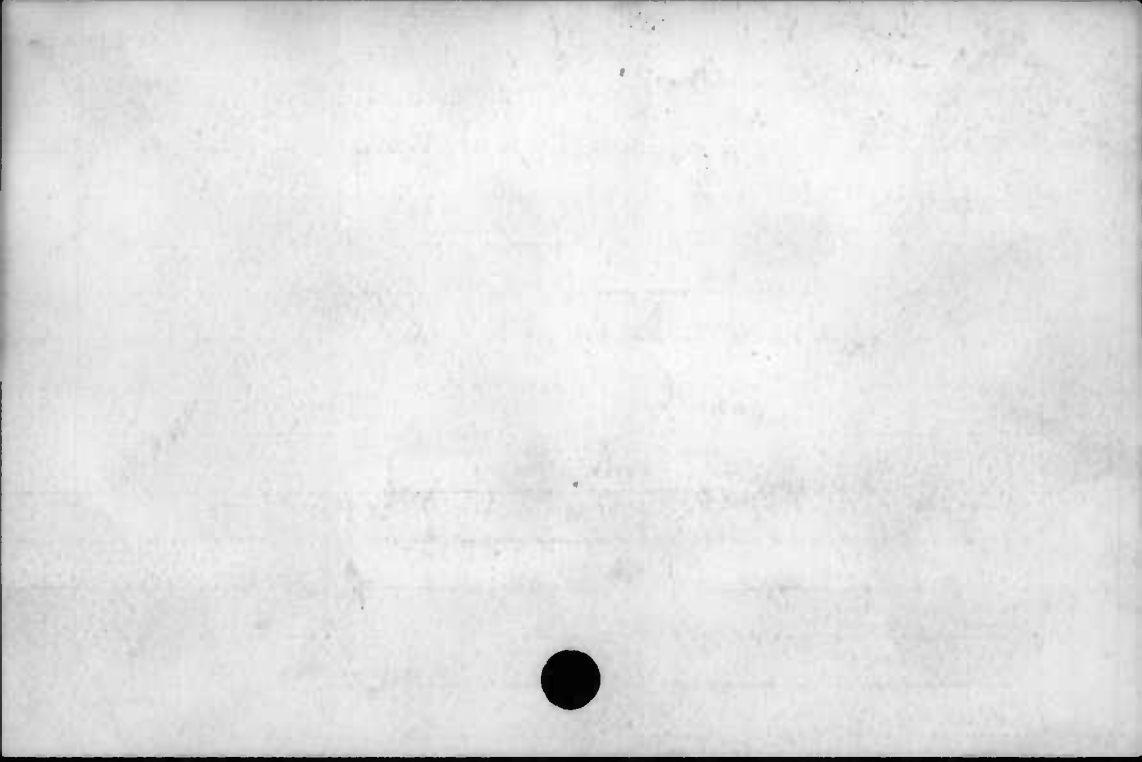
Primary	Gen'l Debility	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	R. S. Lyson.
		Address	Frederick Md.
Accident or Suicide?			



Name in Full		Elwood Butter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Burhettville		County Frederick		MARYLAND
	Date of death	1906	Month April	Day 18	Years 1	Months 2	Days 18
	Sex	Male		Color or Race	Colored		Birth- place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	William Butler				Father's Birthplace	Fred. Co
Mother's Maiden Name	Lillian Hunter				Mother's Birthplace	" "	
Name of person giving In formation	William Butler				How related to deceased	Father	

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infantum		How long	105
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Sam'l Claggett M.D.
				Address	Petersville
Accident or Suicide?					



Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Aggie M. Cannon

Died at <sup>Town</sup> Point of Rocks <sup>County</sup> Frederick

MARYLAND

Date of death 1906 <sup>Month</sup> April <sup>Day</sup> 30 <sup>Years</sup> Age 29 <sup>Months</sup> <sup>Days</sup>

Sex Female. Color or Race White Birth-place Point of Rocks Md

Occupation Housewife Where Residing if not at place of death Point of Rocks Md

Married, ~~Single~~ or Widowed I named Name of Wife or Husband Mrs. J. Cannon

Father's Name Charles Funch Father's Birthplace Near Hagerstown

Mother's Maiden Name Annie E. Fleamish Mother's Birthplace Point of Rocks Md

Name of person giving information Mrs. J. Cannon How related to deceased Husband

## CAUSES OF DEATH

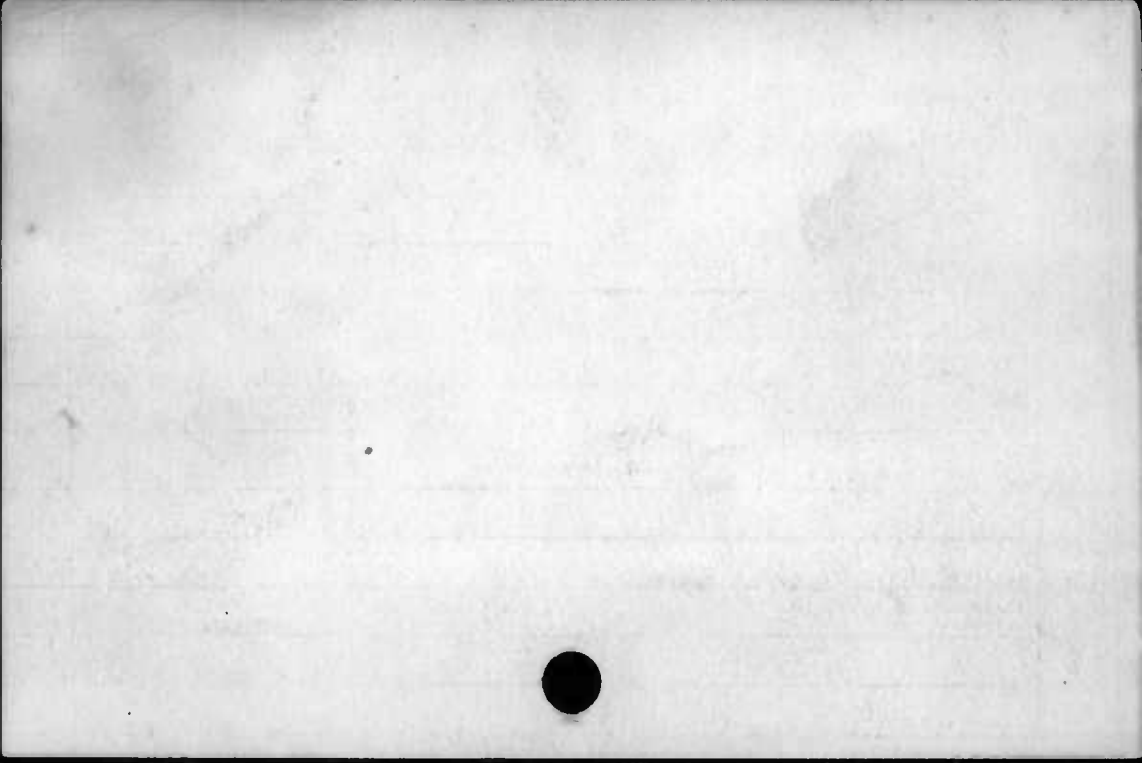
PHYSICIAN  
OR CORONERPrimary Bright Disease How long Two Years  
Immediate Heart Failure How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. Watkins Hagerman

Address Point of Rocks Md

Accident or Suicide?





Name  
in  
Full

David H. Carter

## CERTIFICATE OF DEATH

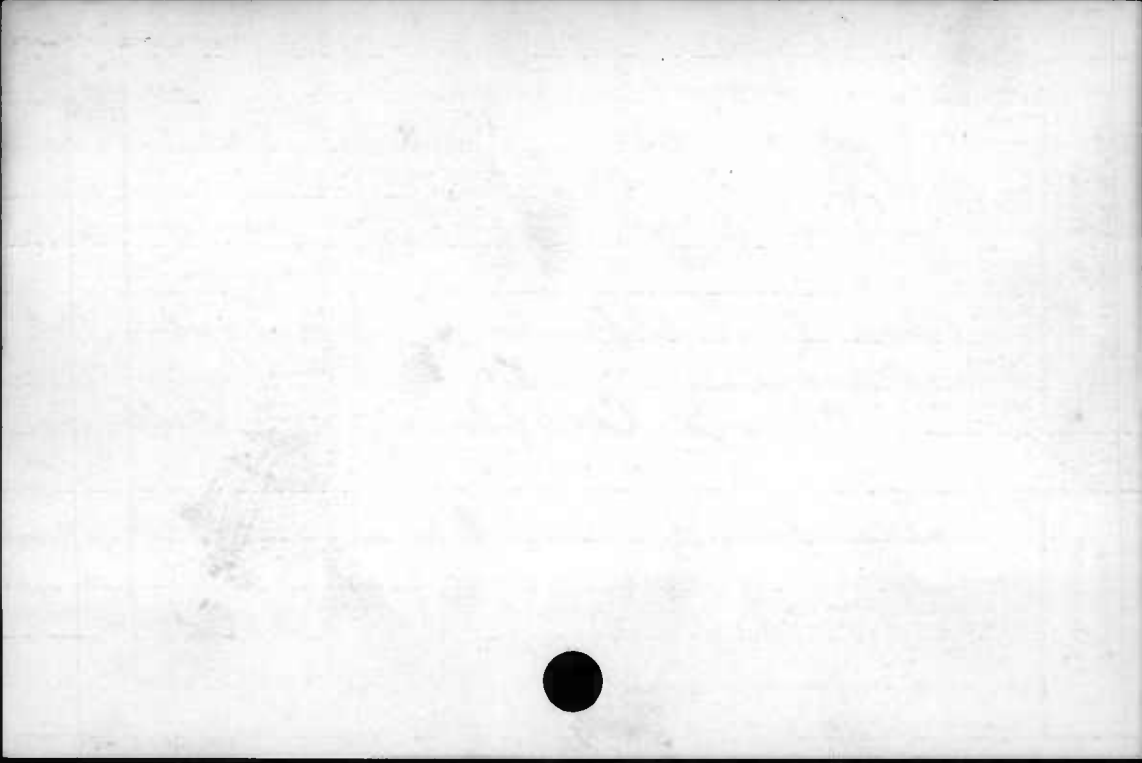
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1906	Month April	Day 14	Age 21	Years	Months Days 11
Sex Male		*Color or Race white		Birth- place Md			
Occupation Fireman		Where Residing if not at place of death Brunsville Md					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Joseph Carter		Father's Birthplace Va					
Mother's Maiden Name Mary V Carter		Mother's Birthplace Va					
Name of person giving In formation Joseph Carter		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	2 weeks
Immediate	Pneumonia	How long	9 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. H. Horner	
Address Brunswick Md			
Accident or Suicide? no			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John Samuel Colcliflowr*  
Town *Thurmont* County *Fredrick*Died at  
Date of death *1906* Month *April* Day *6th* Age *2* Years Months *3* Days *21*Sex *Male* Color or Race *White* Birth-place *Thurmont. Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Chas E Colcliflowr*Father's Birthplace *Greensboro, Md*Mother's Maiden Name *Barbara E Freshman*Mother's Birthplace *Thurmont. Md.*Name of person giving information *Chas E Colcliflowr*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Simple Bronchitis* How long *10 days*Immediate *Capillary Bronchitis or Bronch. Pneumonia* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *E. C. Kefauver*  
Address *Thurmont Md*Accident or Suicide? *No*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Lewisstown</i> <i>Frederick</i> County		MARYLAND									
Date of death	1906	Month	April	Day	16	Age	1	Months	-	Days	-
Sex	Male	Color or Race	Colored	Birth-place	Frederick Md.						
Occupation	None			Where Residing if not at place of death	Frederick City						
Married, Single or Widowed	Single			Name of Wife or Husband							
Father's Name	Richard Orenshaw			Father's Birthplace	Mississippi						
Mother's Maiden Name	Nettie Ricketts			Mother's Birthplace	Md						
Name of person giving information				How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Spizial Irritation</i>		How long	<i>6 mos</i>
Immediate	<i>Convulsions</i>		How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>W. B. Miller M.D.</i>
			Address	<i>Frederick Md.</i>
Accident or Suicide?				



Name  
in  
Full

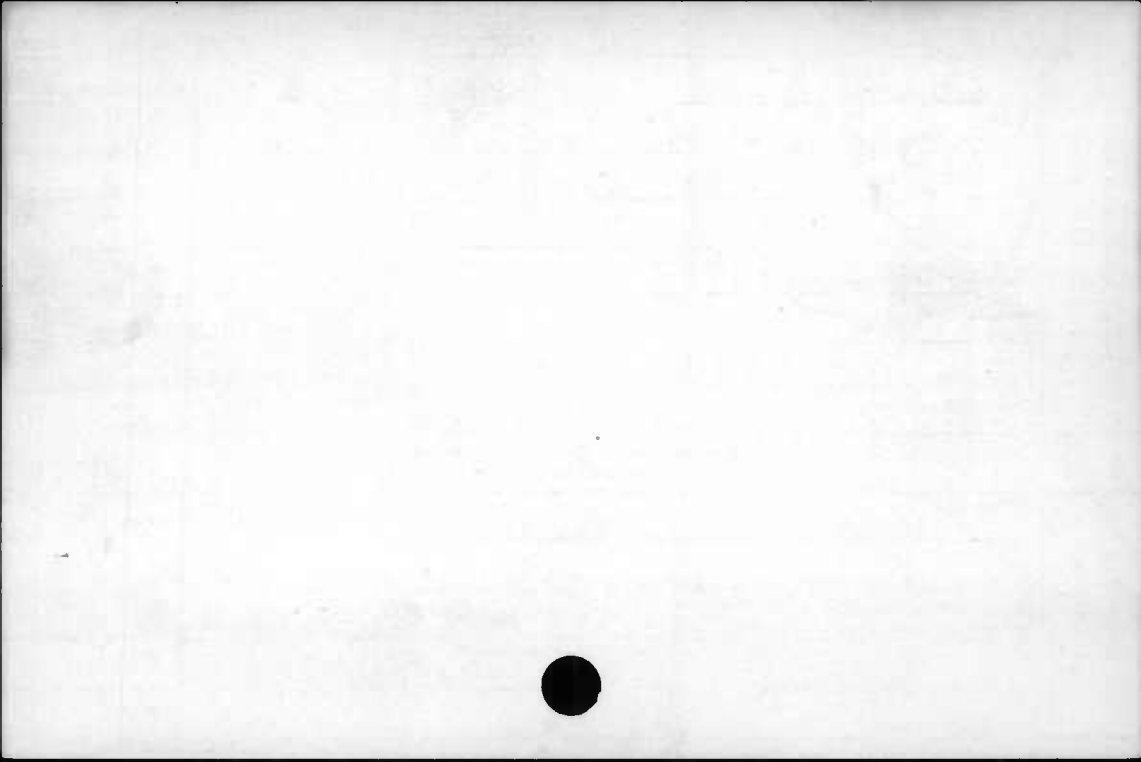
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	April	Day	13
Sex	Male	Color or Race	White	Age	74
Occupation	Retired	Where Residing if not at place of death	E. 7th St		
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name	George Gittinger	Father's Birthplace	Md.		
Mother's Maiden Name	Charlotte Scholl	Mother's Birthplace	Md.		
Name of person giving information	H. M. Gittinger	How related to deceased	Half Brother		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	Heart disease
Immediate	Attenia & Apnoea
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	S. V. Haffner M.D.
Address	Frederick, Md.
Accident or Suicide?	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Catherine Maddiene Greiner

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Summitburg<sup>County</sup> Frederick

Date

of death 1906

Month

April

Day

2nd

Age 63

Years

Months

2

Days

3

Sex

Female

Color or  
Race

White

Birth-  
place

Alsace France

Occupation

Religious

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Greiner

Father's  
Birthplace

France

Mother's  
Maiden Name

Mary Schultz

Mother's  
Birthplace

France

Name of person giving  
In formation

Sister Bernadine Overdorf

How related  
to deceased

None

## CAUSES OF DEATH

Primary

La Grippe and Pleurisy

How long

10 days

Immediate

Pulmonary effusion of the Lungs

How long

1 Day

Are the name, age, sex, color, date  
and place correctly given above?

yes

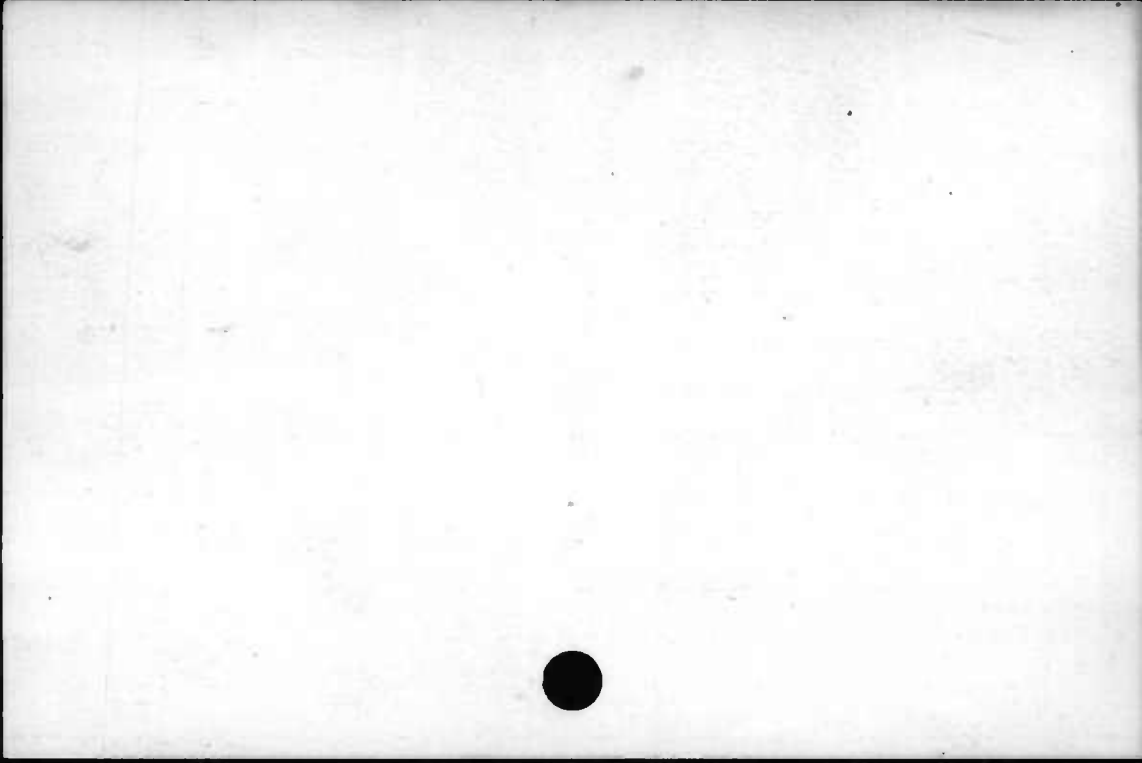
Signature of  
Physician

John B. Branner, M.D.

Address

Summitburg, Md.

Accident or Suicide?



Name  
in  
Full

Caroline Hahn

## CERTIFICATE OF DEATH

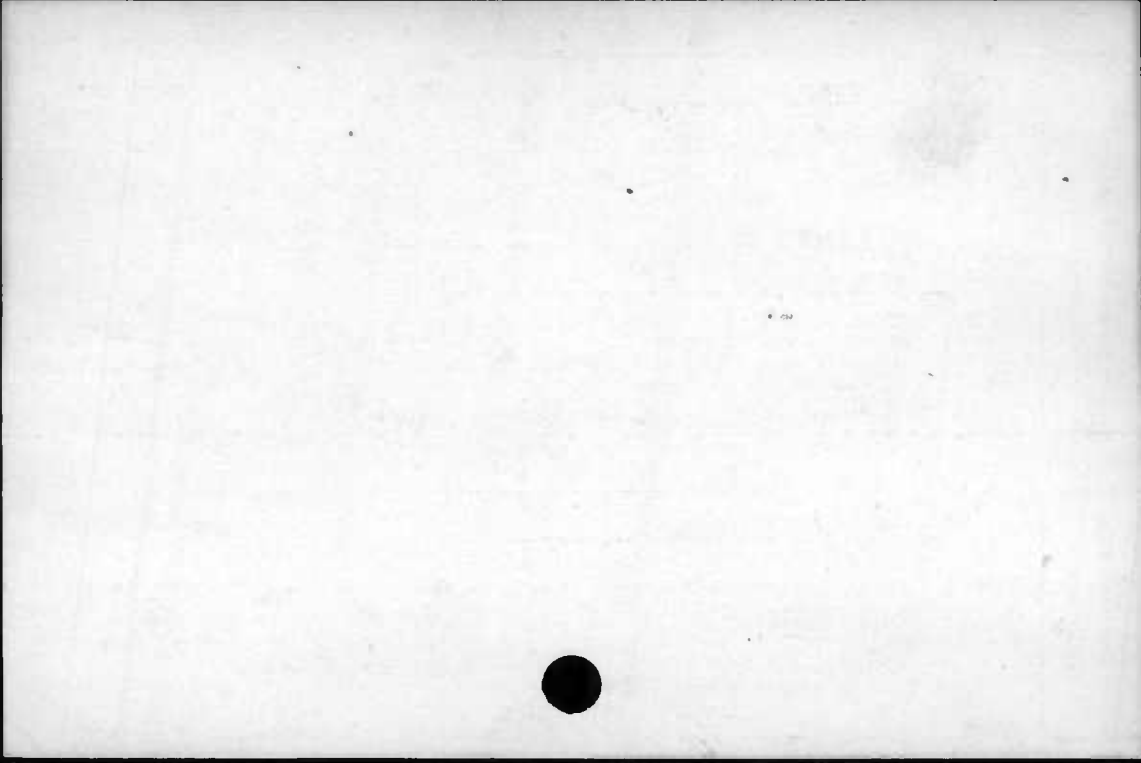
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>27</i>	Age <i>78</i>	Years <i>0</i>	Months <i>27</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>Rev.</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Adolph Hahn</i>					
Father's Name				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Auntie Hahn</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Atherosclerosis - Cardiac Asthma</i>	How long	<i>Some years</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. H. Needrix M.D.</i>	
Address		<i>Fredrick, Md.</i>	
Accident or Suicide?			



Name in Full **Archie Russell Harbaugh**

CERTIFICATE OF DEATH

MARYLAND

Died at **Sabillasville** <sup>Town</sup> **Frederick** <sup>County</sup>

Date of death **1906** <sup>Month</sup> **April** <sup>Day</sup> **20** <sup>Years</sup> **11** <sup>Months</sup> **2** <sup>Days</sup> **28**

Sex **Male** Color or Race **White** Birth-place **Frederick Co. Md.**

Occupation **Iron** Where Residing if not at place of death **at place of death**

Married, Single or Widowed **single** Name of Wife or Husband \_\_\_\_\_

Father's Name **Maurice G. Harbaugh** Father's Birthplace **Sabillasville Md.**

Mother's Maiden Name **Maggie B. Brown** Mother's Birthplace **N. L. Md.**

Name of person giving information **Maurice G. Harbaugh** How related to deceased **Father**

CAUSES OF DEATH

Primary **Pneumonia** **(93)** How long **Eight days**

Immediate **"** How long **"**

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician **C. L. Tucker**

Address **Sabillas**

Accident or Suicide? ☐

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

James Edward Holmes

## CERTIFICATE OF DEATH

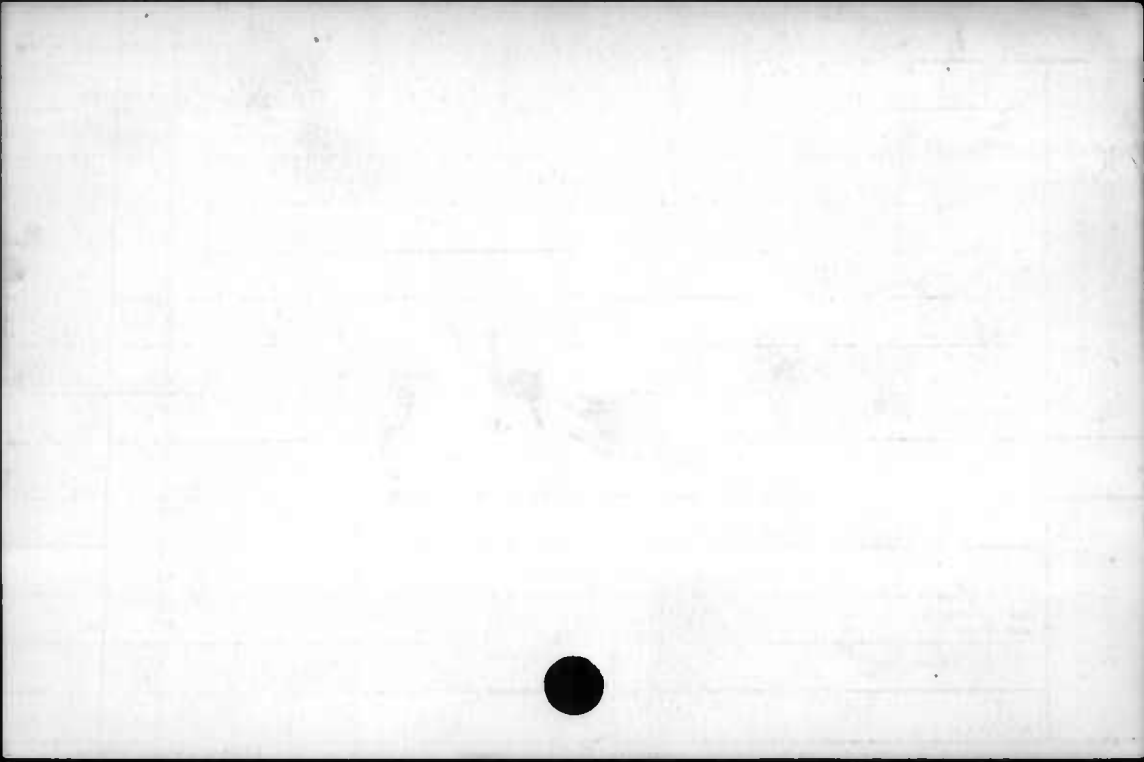
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Knoxville		<sup>County</sup> Frederick		MARYLAND	
Date of death	1906	Month	Apr	Day	23
Age		Years		Months	Days
		12		8	13
Sex	male	Color or Race	white	Birth-place	Ind
Occupation	chess	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	James Edward Holmes			Father's Birthplace	Ind
Mother's Maiden Name	Sarah Elizabeth James			Mother's Birthplace	Ind
Name of person giving Information	James Edward Holmes			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Blood Poisoning	How long	5 weeks
Immediate	exhaustion from General infection	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Levin West
		Address	Brunswick
			Frederick Co
Accident or Suicide?			





Name  
in  
Full

Patrick Thos. L. Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Araby</i> <small>Town</small>		<i>Fredk</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>14</i> <small>Day</small>	<i>28</i> <small>Age</small>	<i>69</i> <small>Years</small>	<i>1</i> <small>Months</small>
<i>Male</i> <small>Sex</small>	<i>White</i> <small>Color or Race</small>	<i>White</i> <small>Birth-place</small>		<i>md</i>	
<i>Retired farmer</i> <small>Occupation</small>		<i>X</i> <small>Where Residing if not at place of death</small>			
<i>Single</i> <small>Single or Widowed</small>	<i>X</i> <small>Name of Wife or Husband</small>				
<i>William Johnson</i> <small>Father's Name</small>		<i>md</i> <small>Father's Birthplace</small>			
<i>Patricia Lucian</i> <small>Mother's Maiden Name</small>		<i>md</i> <small>Mother's Birthplace</small>			
<i>Mrs Baker Luman</i> <small>Name of person giving information</small>		<i>Sister</i> <small>How related to deceased</small>			

## CAUSES OF DEATH

Primary	<i>Organic Heart Disease</i>	<i>79</i> <small>How long</small>	<i>2 yrs</i>
Immediate	<i>Acute Bronchitis</i>	<i>1 week</i> <small>How long</small>	

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*C. F. Gooden. md*

Address

*Fredrick.*

Accident or Suicide?

*No**md*PHYSICIAN  
OR CORONER

Adrian

Name  
in  
Full

Preston Theodore Keiser

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Unionville

Frederick

Date

1906

Month

April

Day

6

Years

X

Months

5

Days

4

of death

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

X

Where Residing if not  
at place of death

Near Unionville

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Howard Keiser

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Eliza Henrich

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Harry E. Stetely

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Infantile Pneumonia (92)

How long

Two days

Immediate

Exhaustion

How long

Sudden

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thomas P. Sappington

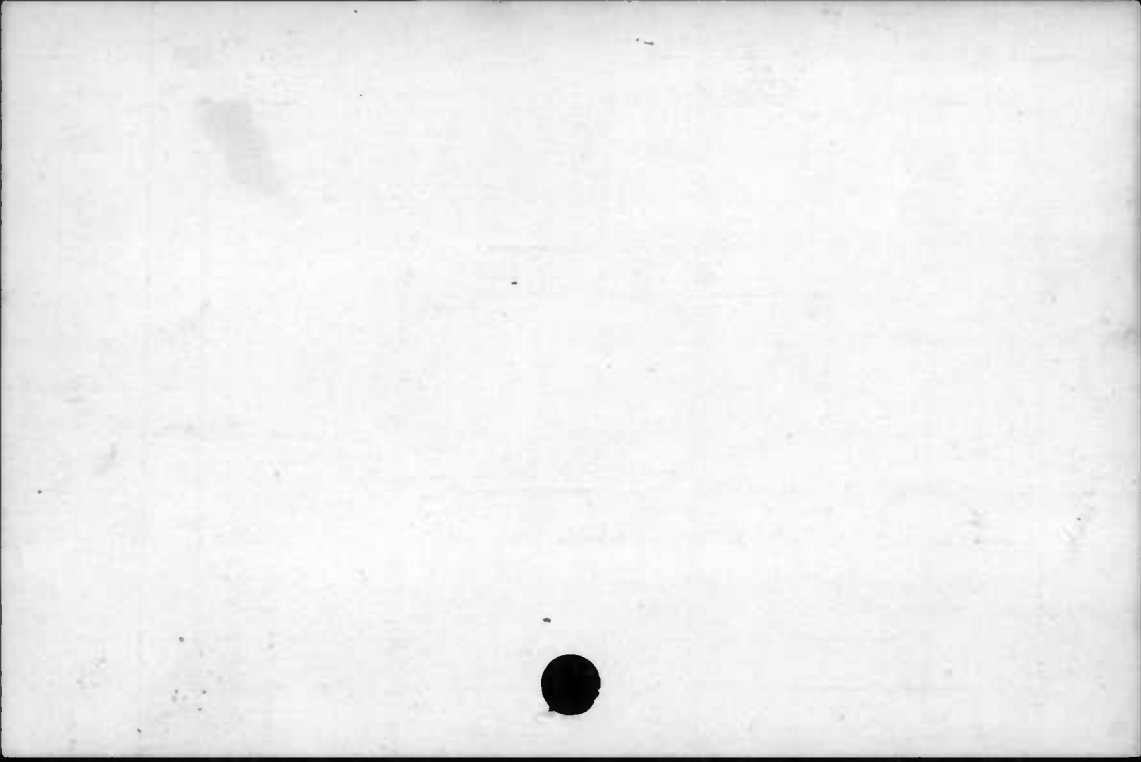
Address

Unionville

Accident or Suicide?

Maryland.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs J. R. Kline*

Town *Adamstown* County *Frederick*

Died at *Adamstown*

Date of death 190 *4* Month *4* Day *4* Age *60* Years Months *5* Days *4*

Sex *Female* Color or Race *Caucasian* Birth-place *Md.*

Married, ~~Singl~~  
~~or Widowed~~ Occupation

Name of Wife or Husband *Jacob R. Kline*

Father's Name *Henry Shure* Father's Birthplace *Broadbent Pa*

Mother's Maiden Name *Rebecca Shure* Mother's Birthplace *Broadbent Pa*

Name of person giving information *Jacob R. Kline* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Eclampsia* How long *10 yrs.*

Immediate *Coma* How long *10 days.*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *W. A. Conley*

Address *Adamstown Md.*

Accident or Suicide? ☐

W. H. B. Etchison  
M.D.

Apr. 7/06

Name in Full

Certificate of Death

Emma C. Koons

Town

County

Died at

MARYLAND

Died at Walkersville Frederick  
 Date 1906 April 25 Y. M. D. Md. Retired  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808





Name  
in  
Full

CERTIFICATE OF DEATH

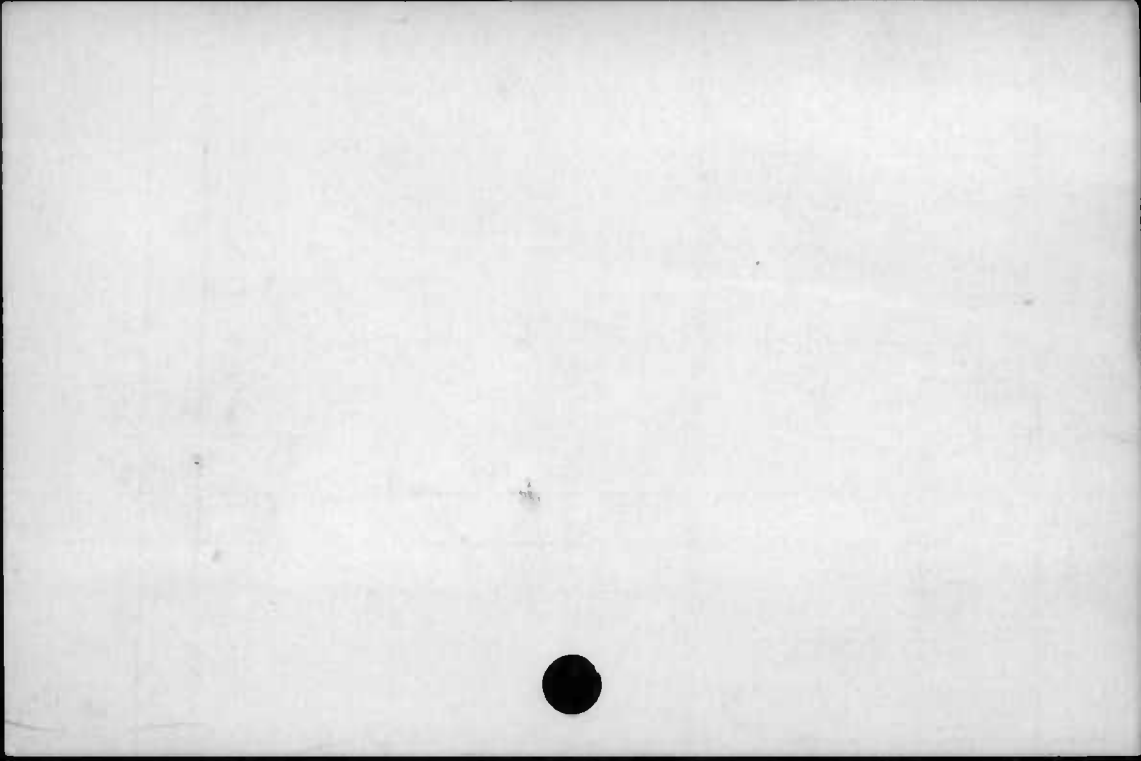
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Frederick L Koontz</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 4 23</i>		<i>4</i>		<i>7 7</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>MD</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William E. Koontz</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Minnie M. Crouse</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>William E. Koontz</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>3-4 weeks</i>	
Immediate <i>Pneumonia</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. S. S. S. S.</i>	
		Address <i>Emmitsburg MD</i>	
Accident or Suicide?			



Name  
in  
Full

Nicholas Lochner

## CERTIFICATE OF DEATH

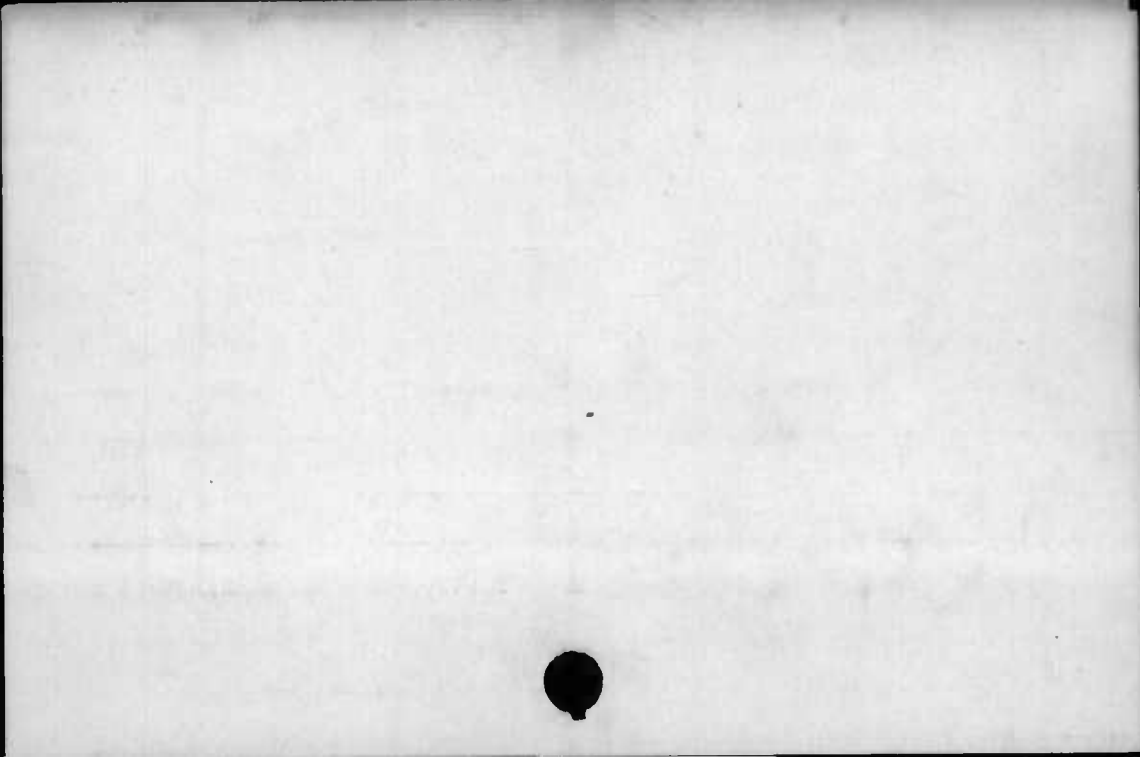
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Date of death	1906	Month 4	Day 13	Age 73	Years 73	Months —	Days 9
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Germany</i>
Occupation	<i>Butcher</i>			Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or <del>Husband</del>	<i>Barbara A. Baumgardner</i>			
Father's Name	<i>John. Geo. Lochner</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Marie E. Hoffman</i>					Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Mrs. Craig</i>					How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Interstitial Nephritis</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Sabner</i>
yes.		Address	<i>23 E Church St.</i>
Accident or Suicide?		<i>Frederick md</i>	



Name  
in  
Full

Reuben Long.

CERTIFICATE OF DEATH

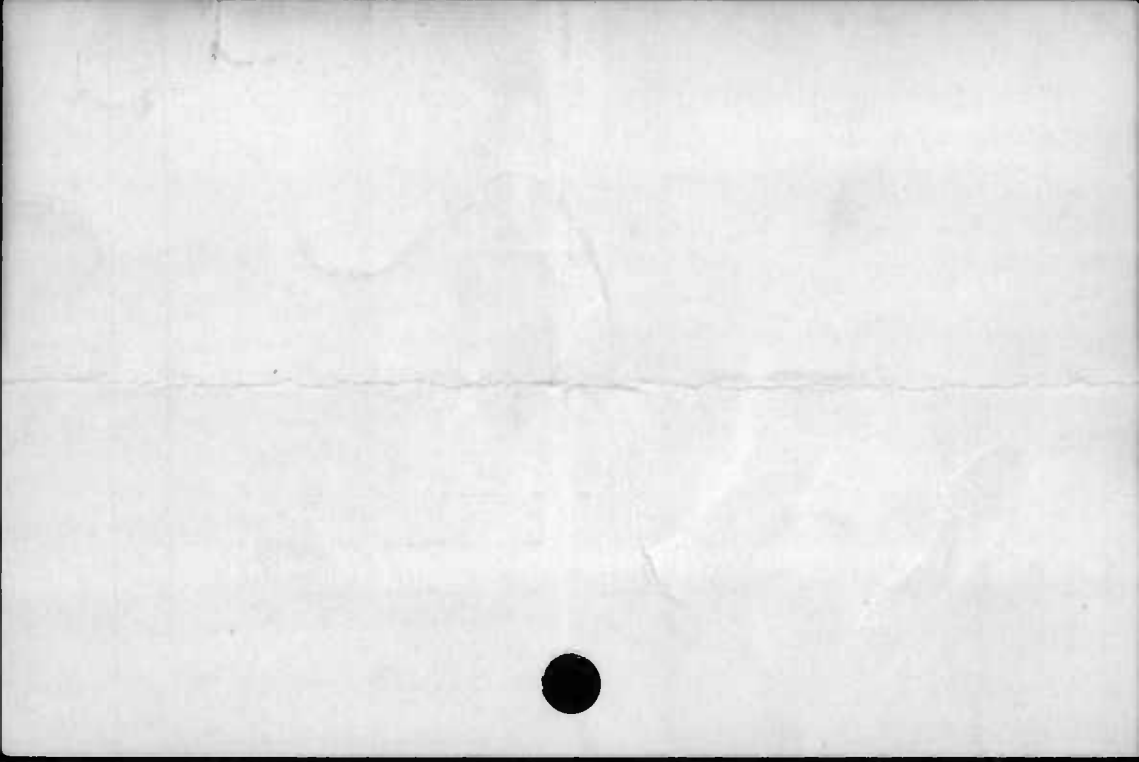
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Dayville</b> <sup>Town</sup>		<b>Fredenest</b> <sup>County</sup>		MARYLAND	
Date of death	<b>1906</b> <sup>Month</sup> <b>April</b> <sup>Day</sup> <b>6</b> <sup>Age</sup> <b>67</b> <sup>Years</sup>	<b>2</b> <sup>Months</sup>	<b>27</b> <sup>Days</sup>		
Sex	<b>Male</b>	Color or Race	<b>White</b>	Birth-place	<b>Fredenest Co</b>
Occupation	<b>Farmer</b>		Where Residing if not at place of death		
Married, Single or Widowed	<b>Widower</b>	Name of Wife or Husband			
Father's Name	<b>James Long</b>		Father's Birthplace	<b>Frank Co</b>	
Mother's Maiden Name	<b>Elizabeth Westland</b>		Mother's Birthplace	<b>Carroll Co</b>	
Name of person giving information	<b>Albert Long</b>		How related to deceased	<b>Son</b>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Aortic Stenosis</b>	How long	<b>8 or 10 yrs</b>
Immediate	<b>Heart Failure</b>	How long	<b>Immediate</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician	<b>Wm B. Stone</b>
		Address	<b>Liberty Town, Ind</b>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

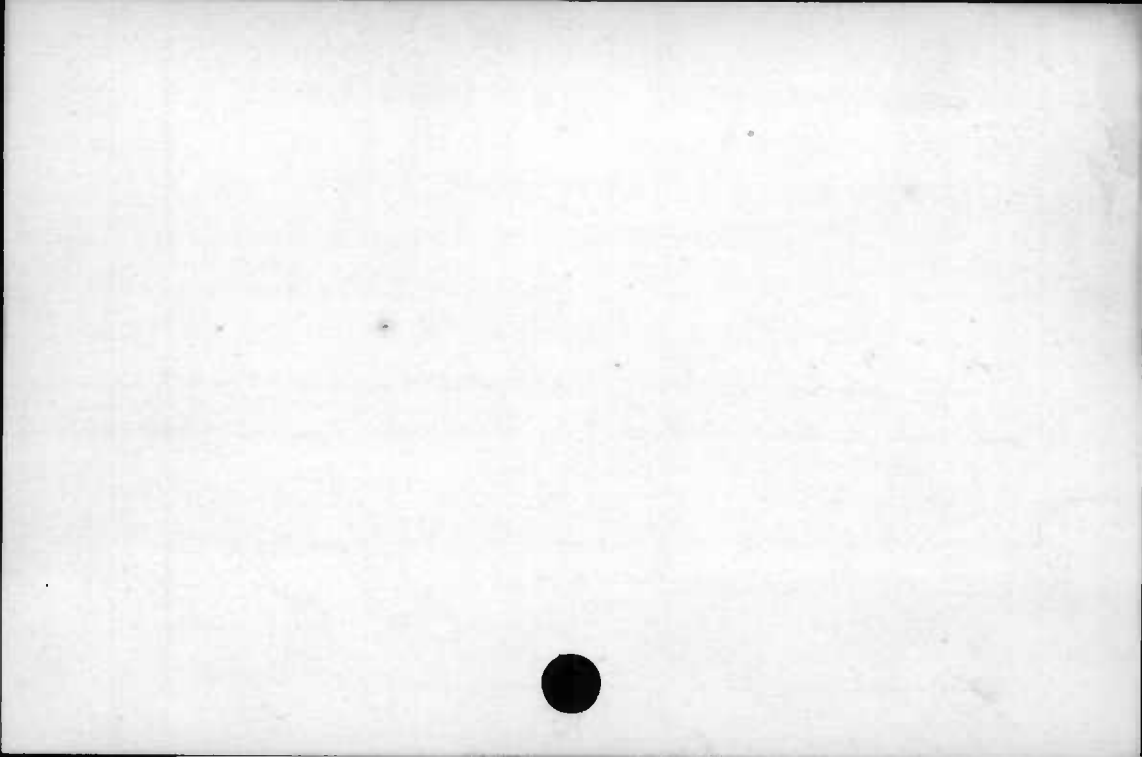
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary E. McBride</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Emmitsburg</i>		Month <i>April</i>		Day <i>25<sup>th</sup></i>		Years <i>87</i>	
Date of death <i>1906</i>		Months <i>6</i>		Days <i>3</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Anthony McBride</i>					
Father's Name <i>John Thomas</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elizabeth Lyon</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Miss Lelia Jarvey</i>		How related to deceased <i>Grand daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Croupous Pneumonia</i>	How long <i>four days</i>
Immediate <i>Coma</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Bawner, M.D.</i>
	Address <i>Emmitsburg, Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Amos John Samuel McBride  
 Died at Bucksville Fredk. MARYLAND  
 Date of death 1906 April 20 Age        Months        Days         
 Sex Male Color or Race White Birth-place Sturgettsville Md  
 Occupation        Where Residing if not at place of death       

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

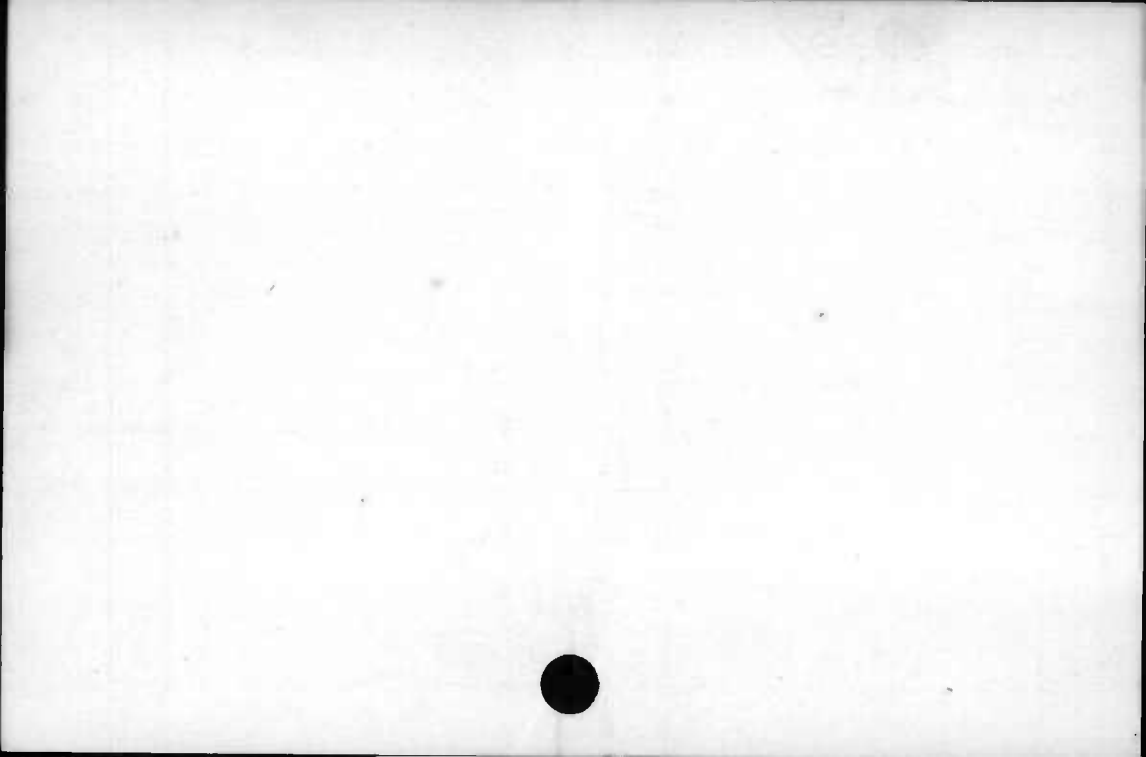
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

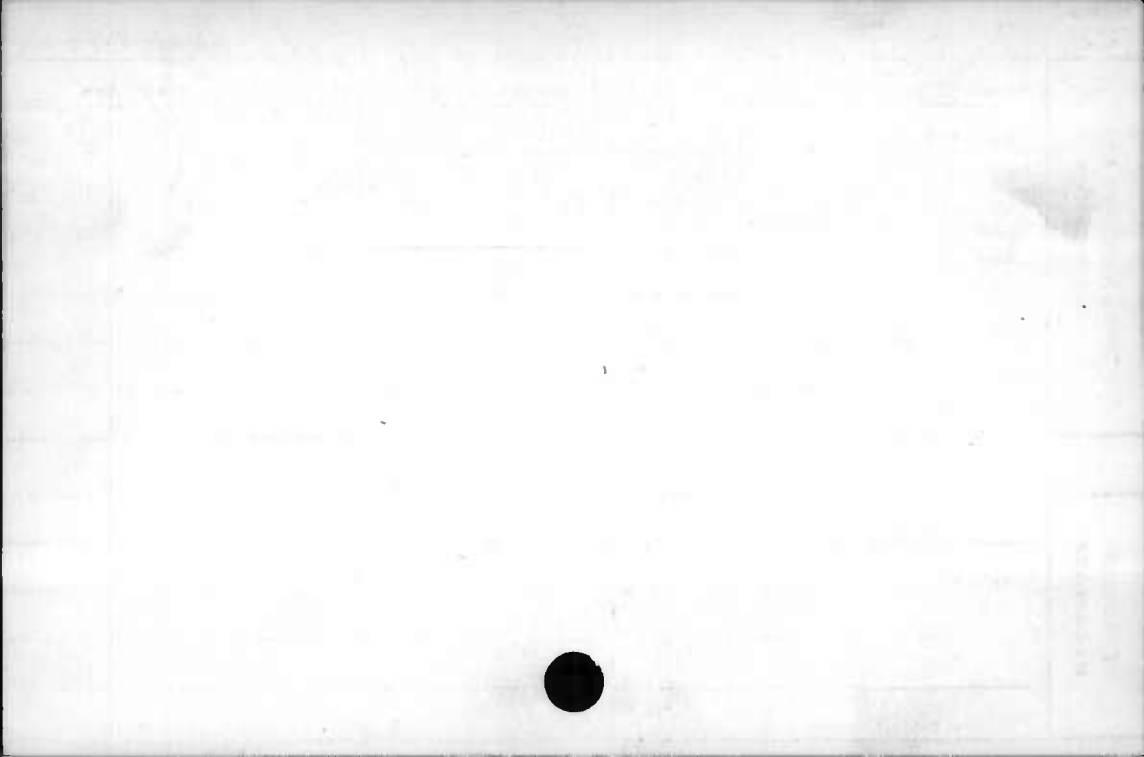
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town 13 <i>uninc</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month <i>Apr</i>	Day <i>22</i>	Age	Years	Months	Days <i>15</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth- place	<i>md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Edward W. Meryman</i>			Father's Birthplace	
Mother's Maiden Name			<i>Mary Anderson</i>			Mother's Birthplace	
Name of person giving Information			<i>Chas. E. Anderson</i>			How related to deceased	
						<i>uncle</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	
Immediate	<i>exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Lenn West-</i>
		Address	<i>Baltimore</i>
			<i>Frederick Co</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

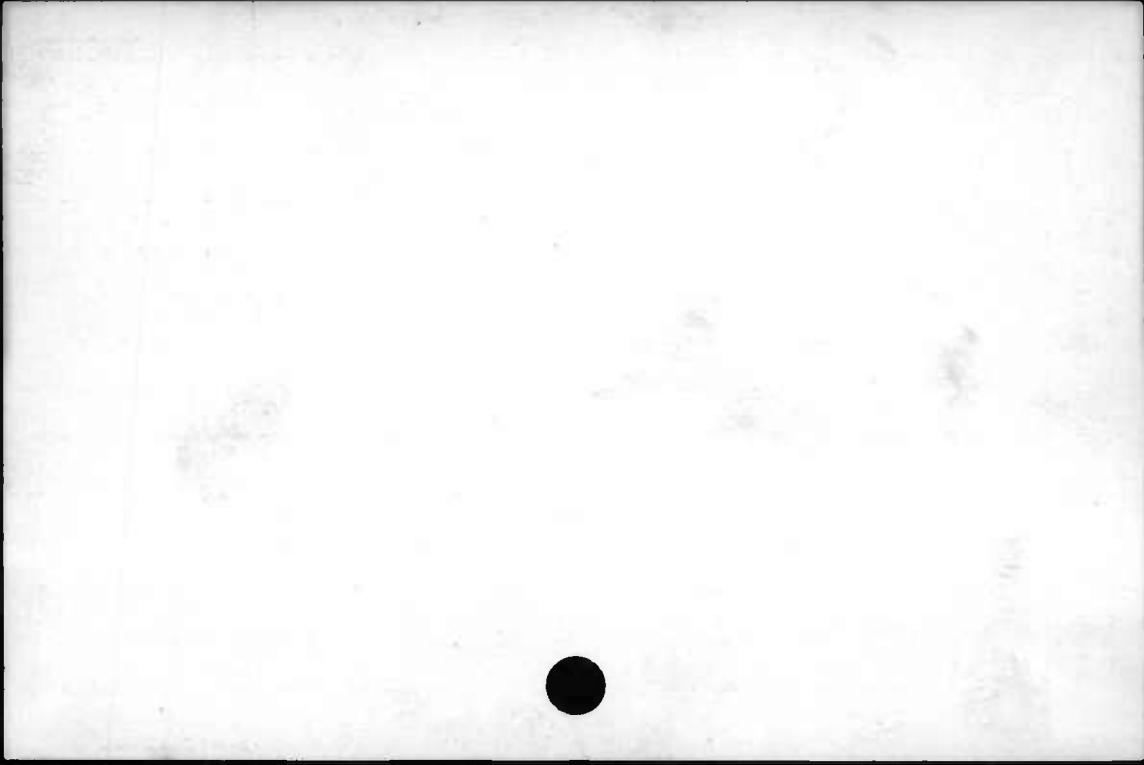
MARYLAND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
Sex		Color or Race		Birth-place		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Some Meningeal inflammation	How long	About 1 week
Immediate	Exhaustion & heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Christina Renner* Town *New Utica Mills* County *Fredrick* MARYLAND

Died at *New Utica Mills*

Date of death *1906 April 22* Age *86* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Retired* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Levi Renner*

Father's Name *William Jackson* Father's Birthplace *Md.*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senile Debility* *154* How long *Years*

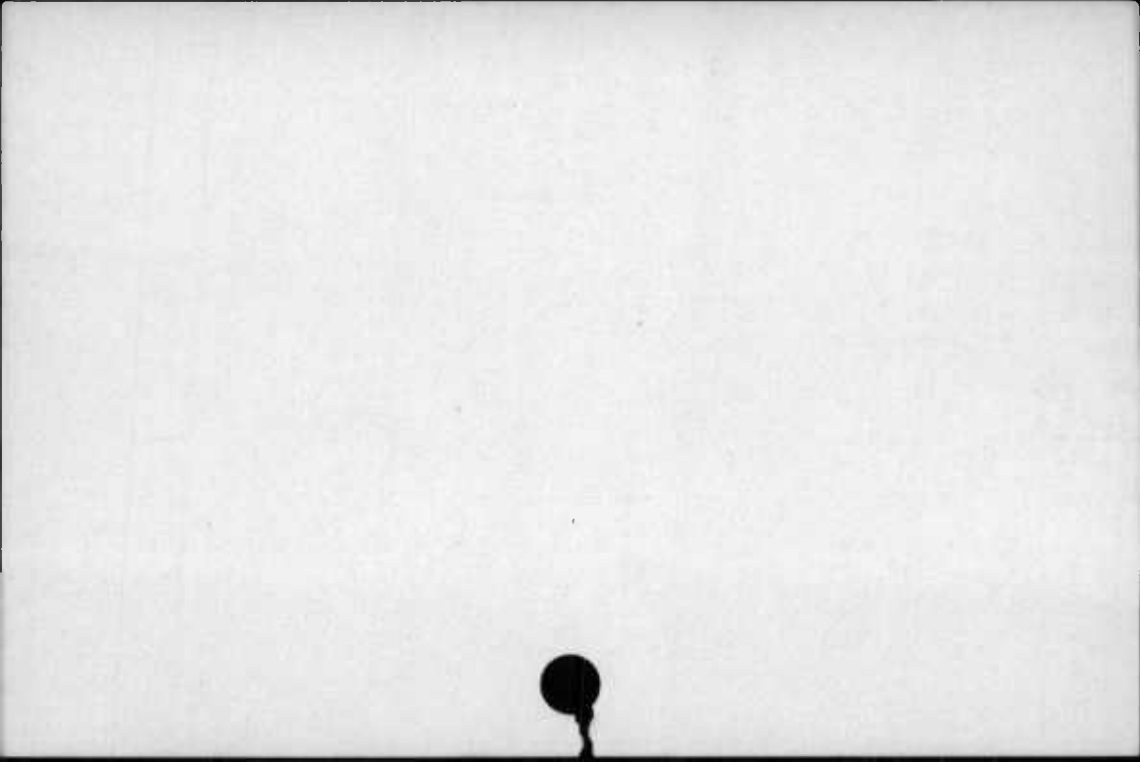
Immediate *Heart Failure* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. E. R. Miller*

Address *Fredrick Md.*

Accident or Suicide? *—*





Name  
in  
Full

Thomas Rhodes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Monteno Hospital Frederick*

Town

County

MARYLAND

Date of death *1906* *Apr* *14* Age *42* Months DaysSex *Male* Color or Race *Black* Birth-place  
Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Dilatation of Heart*

How long

Immediate

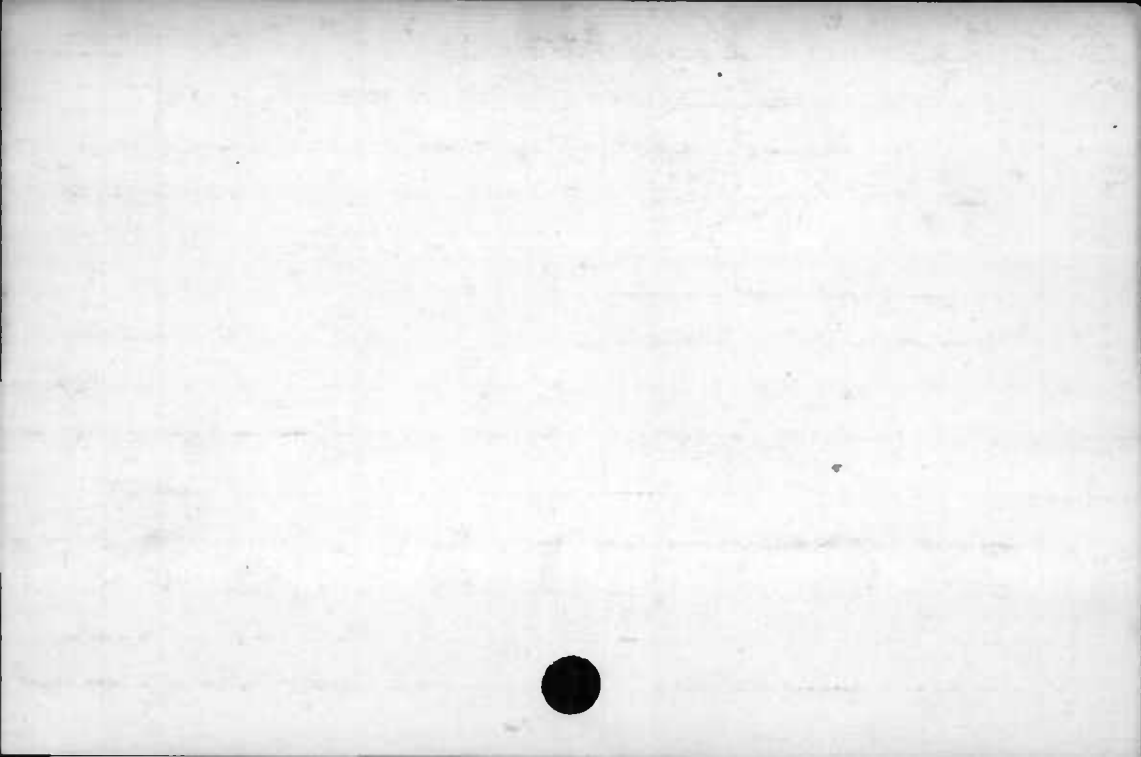
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Charles Annuat Rogers

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Mar Buckleyston <sup>County</sup> Indiana

MARYLAND

Date of death 1906 <sup>Month</sup> April <sup>Day</sup> 9 <sup>Years</sup> Age 4 <sup>Months</sup> 6 <sup>Days</sup>

Sex Male Color or Race White Birth-place Indiana

Occupation Chief Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name Charles Annuat Rogers

Father's Birthplace Indiana

Mother's Maiden Name Nora Gaudy

Mother's Birthplace Indiana

Name of person giving information J. B. Johnson

How related to deceased Physician

## CAUSES OF DEATH

Primary Scarlet Fever

How long Four weeks

Immediate Acute Nephritis

How long One week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Johnson  
Indiana

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Time in Full		Chas. H. Schuettnick				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Buckeysville</u> <sup>Town</sup>		<u>Inde</u> <sup>County</sup>		MARYLAND	
		Date of death <u>1906</u> <sup>Month</sup> <u>Apr</u> <sup>Day</sup> <u>23</u>		Age <u>46</u> <sup>Years</sup>		Months <u>6</u> Days <u>9</u>	
		Sex		Color or Race		Birth-place <u>Maryland</u>	
		Occupation <u>Physician</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Frances L. Hightmire</u>			
Father's Name <u>Andrick G. Schuettnick</u>		Father's Birthplace <u>MD</u>		Mother's Maiden Name <u>Sarah Morker</u>		Mother's Birthplace <u>MD</u>	
Name of person giving information <u>Mrs Schuettnick</u>		How related to deceased <u>wife</u>					

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<u>Phyonic Stomus</u>	How long <u>1 year</u>
	Immediate	<u>Stomach</u>	How long <u>—</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A A Lomax</u>
	Address		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

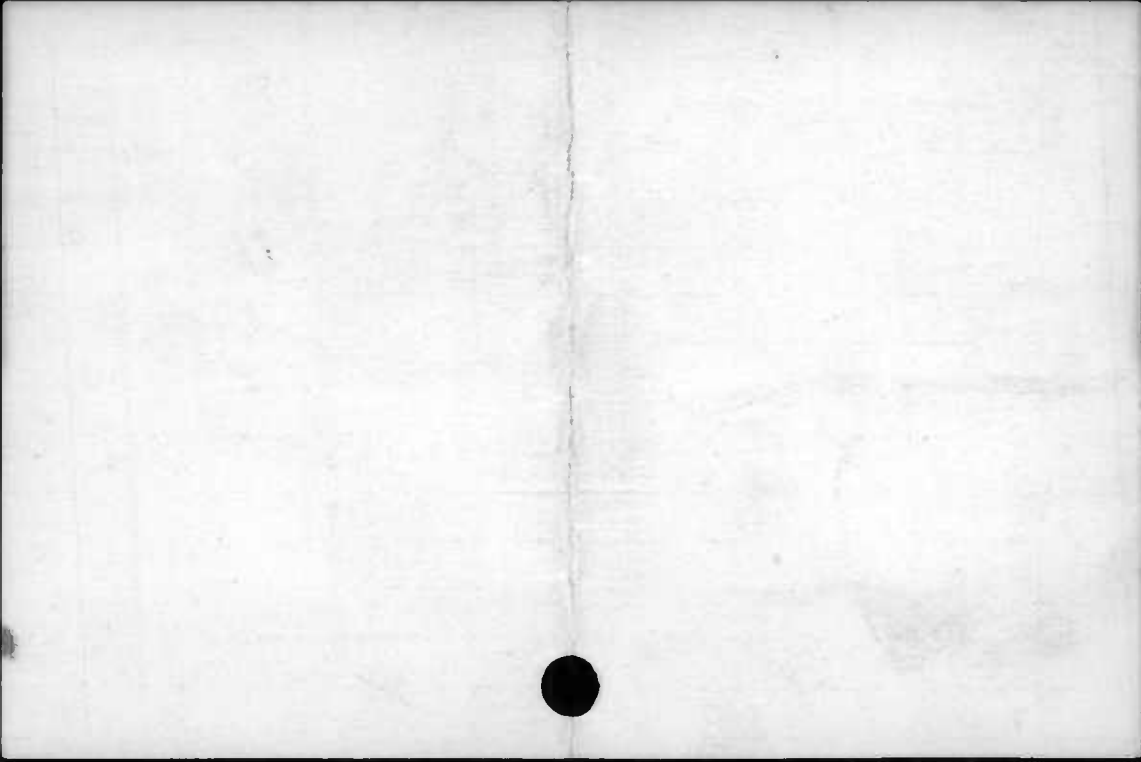
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Jefferson</i>		County <i>Jefferson</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>18</i>	Age <i>38</i>	Years	Months <i>7</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles K. Shaff</i>					
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information <i>Mrs. Nethe Etchison</i>					How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Multiple Neuritis following an Epidemic Brouchitis</i>	How long <i>4 days</i>
Immediate <i>Paralysis of muscles of respiration</i>	How long <i>6 or 8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. R. Brown</i>
	Address <i>Jefferson, Virginia</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Montevue Hospital Frederick*Date of death *1906* *april* *18* *Age 58* Months DaysSex *Male* Color or Race *White* Birth-placeOccupation *X* Where Residing if not at place of death *X*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *X*Father's  
BirthplaceMother's  
Maiden Name *X*Mother's  
BirthplaceName of person giving  
InformationHow related  
to deceased *X*

## CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

*6 months*

Immediate

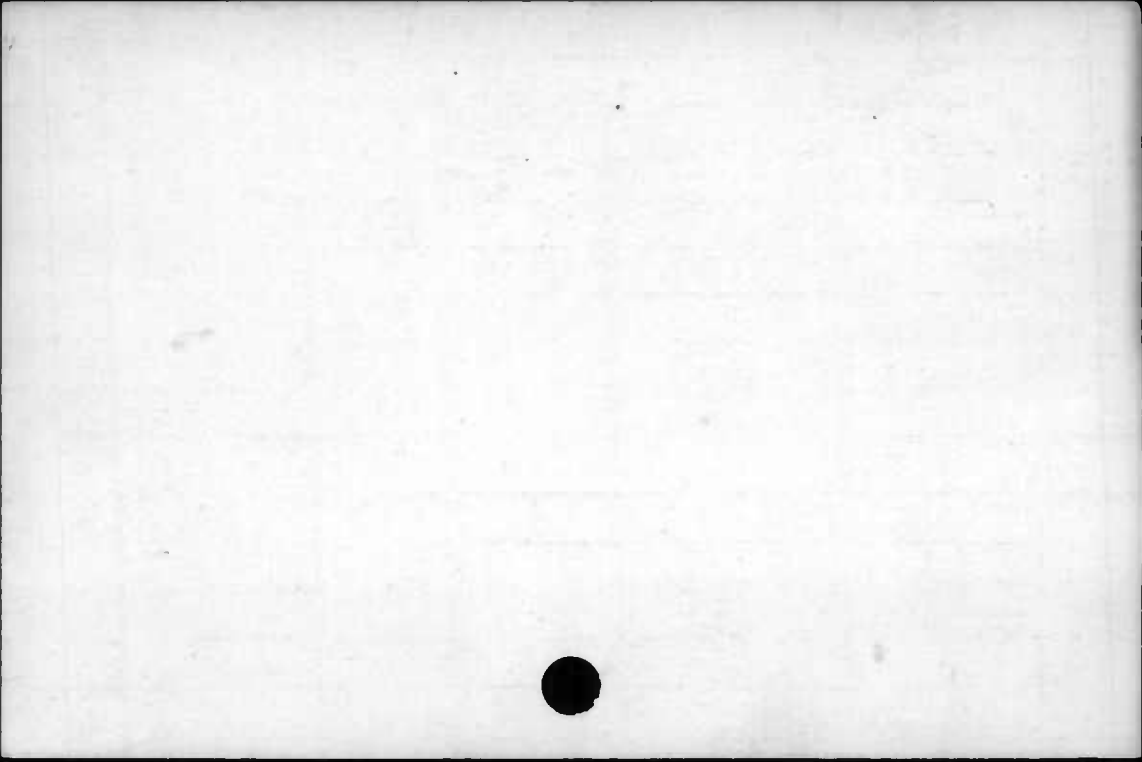
*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Chas. William Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	1906	Month Apr	Day 19	Age	Years —	Months 7	Days 21
Sex	Male		Color or Race	White		Birth-place	Ind
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—			Name of Wife or Husband —			
Father's Name	Harry E. Snyder				Father's Birthplace	W. Va.	
Mother's Maiden Name	Mellie V. McBe				Mother's Birthplace	Tr. Va.	
Name of person giving information	Harry E. Snyder				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meigiti	How long	7 days
Immediate	Concussion	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Levin Hunt
		Address	13 Brunswick. Frederick Co
Accident or Suicide?	—		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurmont</i> Town		<i>Speak</i> County		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>21</i>	Age <i>21</i>	Years <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Thurmont-Md.</i>		
Occupation <i></i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>2</i>	Name of Wife or Husband <i></i>				
Father's Name <i>Howard Speak</i>	Father's Birthplace <i>Croagston Md.</i>				
Mother's Maiden Name <i>Mary Stull</i>	Mother's Birthplace <i>Thurmont-Md.</i>				
Name of person giving information <i>John Stull</i>	How related to deceased <i>Grand Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Primary Syphilis</i>	How long <i>21 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Kefauver</i>
	Address <i>Thurmont-Md.</i>
Accident or Suicide?	



Name  
in  
Full

Amanda Matilda Stine.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Frederick		County Frederick		MARYLAND	
Date of death	1906	Month	4	Day	28
Age	60	Years	60	Months	—
Sex	Female	Color or Race	White.	Birth-place	Frederick, Ceshd.
Occupation	Wife —		Where Residing <del>if not at place of death</del> Home.		
Married, Single or Widowed	Single		Name of Wife or Husband John J. Stine.		
Father's Name	George A. Brown		Father's Birthplace Hagerstown Ind.		
Mother's Maiden Name	Elizabeth Getendanner		Mother's Birthplace Virginia.		
Name of person giving information	Alice C. Stine.		How related to deceased Daughter.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Complication of Disease.	How long	5 Years.
Immediate	Exhaustion	How long	3 Days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		H. F. Getendanner	
Address		303 S. Market St Frederick, Md.	
Accident or Suicide?			





Name

in  
Full

Otha J. Snouffer.

## CERTIFICATE OF DEATH

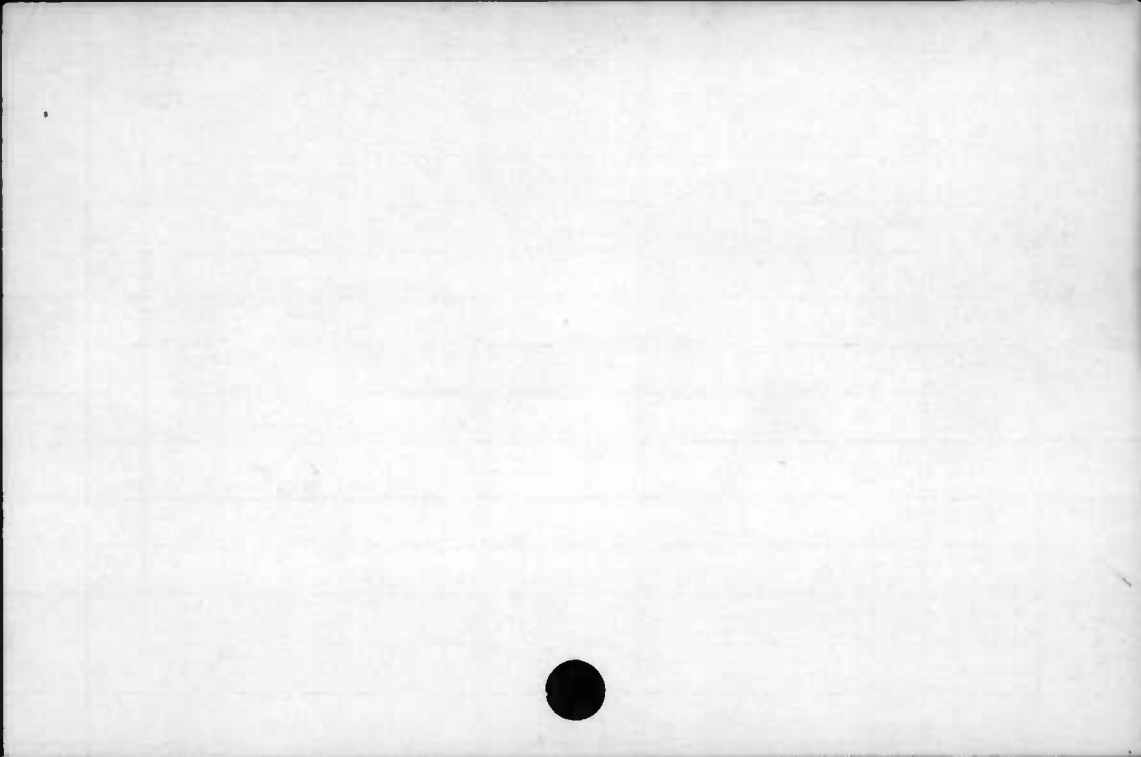
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Buckeystown		County Frederick		MARYLAND	
Date of death 190	6	Month 4	Day 19	Age 59	Years	Months 5	Days 23
Sex	male		Color or Race	white		Birth- place	md.
Married, Single or Widowed	Single			Occupation	farmer		
Name of Wife or Husband							
Father's Name				Geo M. Snouffer.		Father's Birthplace	md.
Mother's Maiden Name				Elizabeth C. Thomas.		Mother's Birthplace	md.
Name of person giving In formation				Abner J. U. Clinch		How related to deceased	sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's		How long	one year.
Immediate	Heart failure		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	A. C. Conley.
			Address	Adams town
Accident or Suicide?				md.



Name  
in  
Full

Caroline C. Apple Walter

## CERTIFICATE OF DEATH

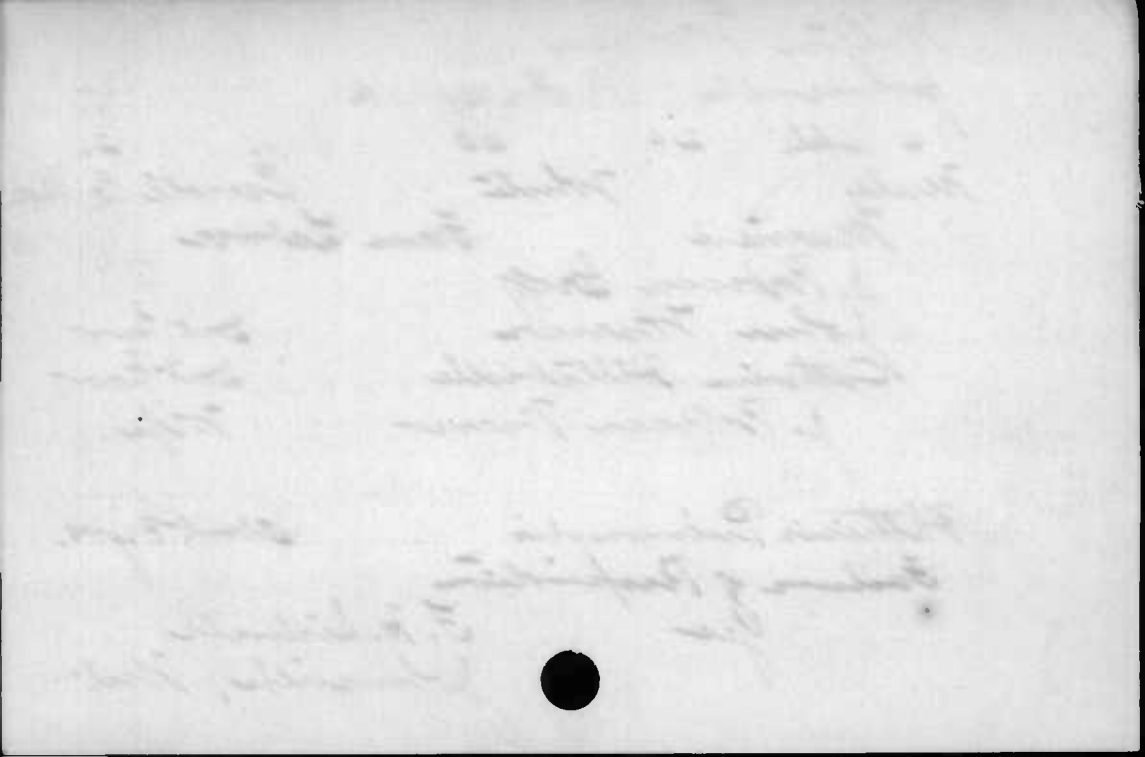
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredrick</i>		Town		County		11		MARYLAND	
Date of death	<i>1906</i>	Month	<i>4</i>	Day	<i>26</i>	Age	<i>50</i>	Months	<i>7</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place		<i>Va.</i>		
Occupation	<i>N.C.</i>		Where Residing if not at place of death		<i>X</i>				
Married, Single or Widowed	<i>Widowed</i>		Name of <del>Wife</del> Husband		<i>Charles G. Walter</i>				
Father's Name	<i>Thomas Apple</i>				Father's Birthplace		<i>Germany</i>		
Mother's Maiden Name	<i>May Louisa Karlbaugh</i>				Mother's Birthplace		<i>Germany</i>		
Name of person giving information	<i>Mrs J. Martin Bang</i>				How related to deceased		<i>daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastric Ulcer</i>	How long	<i>1 WEEK</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 WEEK</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm. F. Gooden md</i>	
		Address	
		<i>Fredricks, Md</i>	
Accident or Suicide?			
<i>no</i>			



Name  
in  
Full

George Warner

CERTIFICATE OF DEATH

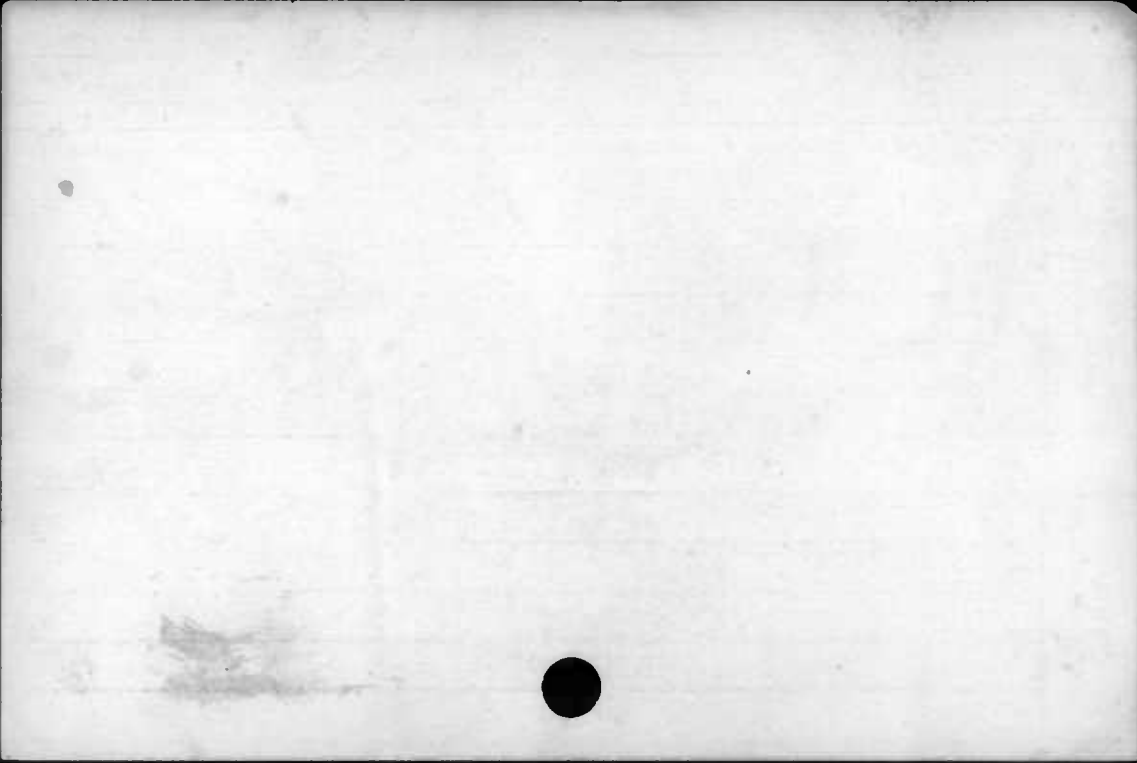
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cold Spring</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	<i>April</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>46</i> <sup>Years</sup>	<i></i> <sup>Months</sup> <i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>		
Occupation <i>Labor</i>	Where Residing if not at place of death <i>Cold Spring</i>				
<del>Married</del> Single or Widowed		Name of Wife or Husband			
Father's Name <i>Joseph Warner</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>H. E. Franklin</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>(64)</i>	How long
Immediate <i>Apoplexy</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. D. E. Whitehill</i>
		Address <i>New Windsor Md</i>
Accident or Suicide?		



Name  
in  
Full

Milton Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Johnsville		County Frederick		MARYLAND	
Date of death 190		6	Month Apr.	29	Day	60	Years
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Farm Laborer	
Name of Wife or Husband		J. Rebecca Groff					
Father's Name		John Warner				Father's Birthplace	
Mother's Maiden Name		Catherine Hillabridle				Mother's Birthplace	
Name of person giving In formation		J. Rebecca Warner				How related to deceased	
						Don't know	
						Don't know	
						Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis	How long	about 3 yrs.
Immediate	Failure of Respiration	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		F. H. Sidwell	
Address		Johnsville, Md.	
Accident or Suicide?			





Died at *Waltersville* <sup>Town</sup> *West* <sup>County</sup> *Federick* MARYLAND

Date 19*06* <sup>Month</sup> *4* <sup>Day</sup> *22* <sup>Age</sup> *—* <sup>Y.</sup> *—* <sup>M.</sup> *—* <sup>D.</sup> *—* <sup>Native of</sup> *—* <sup>Occupation</sup> *—*

Male *—* ~~White~~ <sup>Married</sup> *—* <sup>Widow</sup> *—* <sup>Divorced</sup> *—*  
 Female *—* <sup>Colored</sup> *—* <sup>Single</sup> *—* <sup>Widower</sup> *—* <sup>Number of children living</sup> *—*

Husband  
of

Wife

Father's Name *Geo. West* <sup>Mother's</sup> *—* <sup>Maiden Name</sup> *Emma Smothers.*

Cause of *—* <sup>Primary</sup> *—* <sup>How long sick</sup> *—*  
 Death *—* <sup>Immediate</sup> *Still-born.* <sup>Accident, Suicide, Homicide</sup> *—*

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

*Annor Virginia Wilcoxen*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredricks</i> <sup>Town</sup>		<i>Fredricks</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>6</i>	Age <i>65</i>	Months <i>3</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredricks Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rufus A Wilcoxen</i>				
Father's Name <i>William M Lair</i>	Father's Birthplace <i>Fredricks Md</i>		Mother's Birthplace <i>Hagerstown</i>		
Mother's Maiden Name <i>Margant Schleich</i>	Name of person giving information <i>Rebecca Wilcoxen</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Six or eight years</i>
Immediate <i>Obstruction</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Fredricks Md.</i>
Accident or Suicide?	

Mont Desert Army.

4/8 1906

Name  
in  
Full

Ada Elizabeth Wilhite

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Overfield <sup>County</sup> Frederick

MARYLAND

Date of death 1906 <sup>Month</sup> April <sup>Day</sup> 6 <sup>Years</sup> 4 <sup>Months</sup> 4 <sup>Days</sup> 22Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Overfield, Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name Harry W. Wilhite

Father's Birthplace Overfield Md

Mother's Maiden Name Clara Dammuth

Mother's Birthplace Thurmont - Md.

Name of person giving information Harry W. Wilhite

How related to deceased Father.

## CAUSES OF DEATH

Primary Malnutrition (92)

How long 2 mos.

Immediate Broncho Pneumonia

How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

L. E. Refauren  
Thurmont Md.

Accident or Suicide? No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Josiah Melvin Wise

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Sabillasville<sup>County</sup> Frederick

Date of death 1906 April

Day 29

Age none

Months 1

Days 16

Sex Male

Color or Race White

Birth-place Sabillasville

Occupation none

Where Residing if not at place of death at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Frank Melvin Wise

Father's Birthplace Wolfville Md

Mother's Maiden Name Blanche Louisa Moser

Mother's Birthplace Sabillasville

Name of person giving information Frank Melvin Wise

How related to deceased Father

## CAUSES OF DEATH

Primary Hydrocephalus

How long one mo. 12 days

Immediate Convulsions

How long at intervals during illness

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

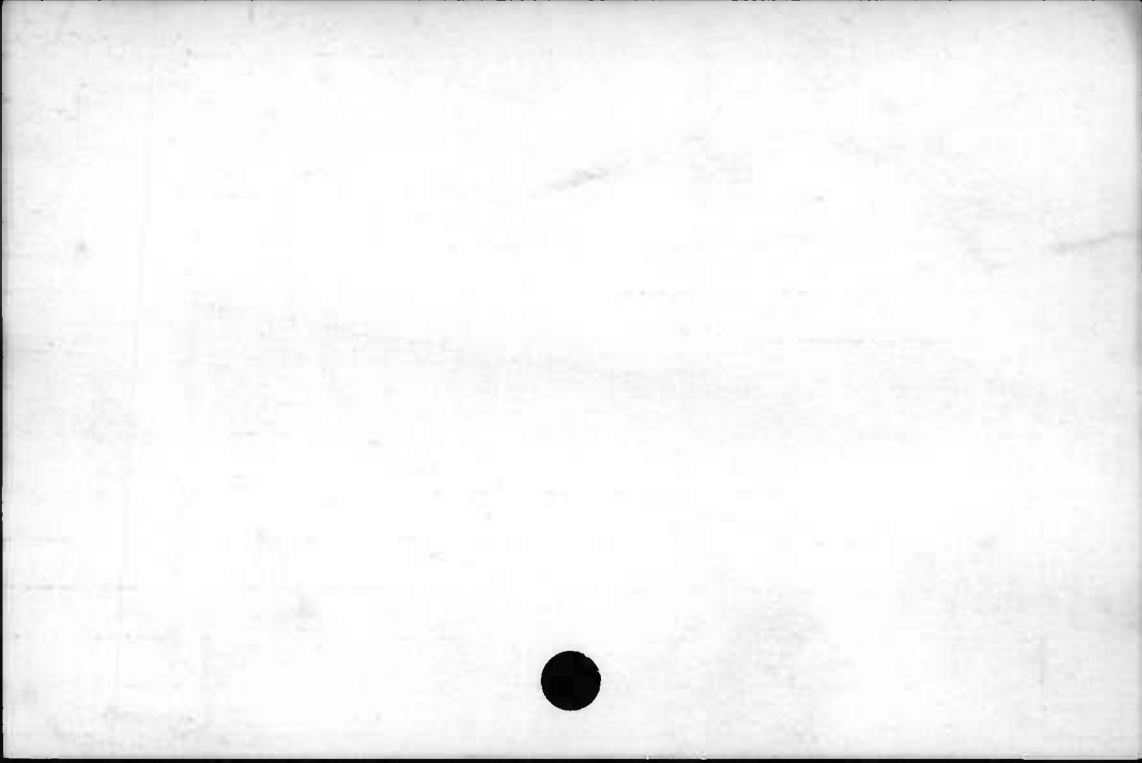
C. L. Wachter

Address

Sabillasville

Accident or Suicide?

Maryland





Name  
in  
Full

Emily Woods

4/10/IV

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Md</i>		County		MARYLAND					
Date of death <i>1906</i>		Month <i>Apr</i>		Day <i>9</i>		Age <i>78</i>		Months <i>4</i>		Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Oliver Woods</i>									
Father's Name <i>John T Pierce</i>				Father's Birthplace							
Mother's Maiden Name <i>Ruthie Chilcoat</i>				Mother's Birthplace							
Name of person giving information <i>Frank Woods</i>				How related to deceased <i>Son</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>old age</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Marshall Peete Hill</i>	
		Address <i>Brunswick Md</i>	
Accident or Suicide?			

